

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1822

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5806		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <u>Monroe - South Fork Twp.</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Santa Fe, Missouri</u> c. LENGTH OF STAY (in this place) <u>all her life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home - South Fork Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Santa Fe, South Fork</u> d. STREET ADDRESS (If rural, give location) <u>Santa Fe, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Bybee</u>		4. DATE OF DEATH (Month) <u>January</u> (Day) <u>15</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 11, 1882</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	
11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John F. Sterrett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fabrain</u>	
14. NAME OF HUSBAND OR WIFE <u>Wallace L. Bybee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wallace L. Bybee - Santa Fe, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 12, 1950</u> , to <u>Jan 15, 1950</u> , that I last saw the deceased alive on <u>Jan 14, 1950</u> , and that death occurred at <u>7 A. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo M. Repuller</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Paris, Missouri</u>		23c. DATE SIGNED <u>1-16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Paris, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-2-50</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Oliver W. Perry</u>		ADDRESS <u>Perry, Missouri</u>	

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RECEIVED FEB
District Health Office
District File Number 22
Date Filed FEB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clyde C. Walker

Licensed Embalmer No. 3826

P. O. Address Perry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.